## **Annex D**

## Immunization Strike Team (IST) Request Form

- 1. Complete the below form and return by fax to April Bailey at (317) 233-3719.
- 2. All requests must be received at least 8 consecutive days prior to the clinic date.

## **Provider Information**

Date Request Submitted	County/City
Contact Name(s)	Title
Phone	Email
Clinic Information	
Date/Time of Team Arrival	
Date/Time of Clinic	
Clinic Location Name	
Clinic Location Address	
	Zip Location Phone
Est. Size of Location sq. ft.	Location has Internet Capability?   Yes  No
Estimated Number of Vaccinations to be given	Average time per vaccination
Number of vaccines x average time per vaccine = Total time needed	
Total time needed	Length of Clinic in Minutes
Total time needed/Length of clinic = Number of Stations needed (Round up if needed)	
Total Number of Vaccine Stations Needed	
Clinic Staffing	
How many of each staff position will your LHD be providing for this clinic?	
Vaccinators C	HIRP Data Entry & other support staff
(Note: The Clinical Nursing Supervisor and Registered Nurses will automatically be provided as part of the Immunization Strike Team.)	
How many doses of vaccine do you currently h	nave available for the clinic?

How many doses of vaccine will need to be ordered and received prior to the clinic?	
For ISDH Use Only	
To be completed by Immunization Division	
Will needed doses be available?	
Clinical Nursing Supervisor	(1 Required)
Registered Nurses	(Number of stations/3)
Vaccinators	(Number of stations+25% minus LHD provided staff)
CHIRP Data Entry & Support staff	(Number of stations=25% minus LHD provided staff)
Date Request submitted to PHPER	
To be completed by PHPER	
LHD District Lead Notified	
Staff Request Submitted to KS	
Staff Availability Confirmed	
For Immunizations: CHIRP Paperwork Submitted-LHD Notified of Strike Team Approval	